

Module 1. Infection Prevention and Control Measures

WHAT'S NEW

- Updates to [Section D. Face Coverings](#) to include:
 - All staff and inmates, are to continue wearing a well-fitting mask to protect themselves and others from the spread of COVID-19. All staff and inmates are expected to be able to wear their chosen face covering throughout the day and tolerate wearing it in public indoor settings.
 - In areas where N-95s are considered PPE (*i.e.* quarantine and isolation setting), all individuals are required to be enrolled in a respiratory protection program and follow OSHA regulations regarding its wear. In all other locations, surgical, KN-95, or KF-94 masks may be dispensed and worn. They must properly cover the nose and mouth, and be in accordance with CDC guidance
 - Refer to [MODULE 2](#) for guidance on when the use of N-95 respirators may be required.

MODULE 1 TABLE OF CONTENTS

A. HAND HYGIENE AND HEALTH HABITS	2
B. SOCIAL DISTANCING (A.K.A. PHYSICAL DISTANCING)	3
C. ENVIRONMENTAL CLEANING AND DISINFECTION	5
D. FACE COVERINGS.....	7
E. SUPPLY MANAGEMENT	8
F. TEMPORARY ENCLOSURES	10

A. HAND HYGIENE AND HEALTH HABITS

GOOD HEALTH HABITS—including those listed below—should be promoted to both employees and inmates, using a variety of means (e.g., educational programs, campaigns including posters, assessing adherence to hand hygiene practices, etc.):

- Avoid close contact with persons who are sick. (See **SOCIAL DISTANCING** below.)
- Avoid touching your eyes, nose, or mouth.
- Wash your hands often (after contact with high-touch surfaces, before eating, after using the restroom, after removing gloves, etc.) with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand rub (ABHR).
 - ➔ *The CDC has determined that either washing hands with soap and water (for 20 seconds) or using an alcohol-based hand rub (ABHR) (with at least 60% alcohol) will inactivate SARS-CoV-2, the pathogen that causes COVID-19. Handwashing is also more effective than ABHR at removing certain other kinds of germs and chemicals. (See **HAND WASHING** and **HAND SANITIZER** below.)*
- Cover your sneeze or cough with a tissue, then throw the tissue in the trash. If a tissue is not available, cough or sneeze into your sleeve.
- Avoid non-essential physical contact. Avoid handshakes and “high-fives.”

HANDWASHING

- Provisions should be made for all staff and visitors to wash their hands when they enter the facility.
- Supplies for handwashing (soap, running water, hand dryers or paper towels) should be readily available for all staff and inmates and continually restocked as needed.
- Provide a no-cost supply of soap to inmates, sufficient to allow frequent hand washing. To reduce the risk of cross-contamination, avoid bar soap and provide liquid or foam soap and a means to dry hands in shared inmate bathrooms where possible. If bar soap is distributed, ensure individuals are not sharing bars.

HAND SANITIZER

- Increase availability and access to alcohol-based hand rub in monitored inmate common areas and staff common areas and housing units where a sink is not readily available.
- ABHR should be at least 60% alcohol.

Alcohol-based hand rub is flammable and must be used and stored correctly:

- **STORAGE:** Unopened containers must be stored in accordance with institution policy on the storage of hazardous products (secured, bin cards, etc.).

- **IN-USE:**
 - **Wall-mounted dispensers in corridors and common areas** may contain up to 1.2 liters (0.32 gallons) of hand sanitizer for use by staff and inmates.
 - **Wall-mounted dispensers in staff offices and work rooms** may contain up to 2.0 liters (0.53 gallons) of hand sanitizer for use by staff.
 - **Wall-mounted dispensers must be installed away from ignition sources** (outlets, thermostats, appliances, etc.).
 - **Individual bottles** of hand sanitizer may be issued to staff to keep on their person.
 - **Inmates may NOT store alcohol-based hand sanitizer in their cells.**
 - ➔ *Contact the Occupational Safety & Health Branch or consult NFC Life Safety Code (NFPA 101) for additional information on the placement of wall-mounted dispensers.*

B. SOCIAL DISTANCING (A.K.A. PHYSICAL DISTANCING)

Institutions should implement social distancing according to the [COVID-19 Modified Operations Matrix](#). Institutions with high infection rates and community transmission, and/or low vaccination acceptance will be following Level 3 Operations, which are the most intense modifications from pre-COVID era. These facilities will:

- Minimize inmate movement by separating operations and programming by units (meals, recreation, medical, callouts, education, etc.), with disinfection between groups (e.g., after using phones, seating areas, computers, showers)
- Minimize inmate/staff movement:
 - Minimize transfer of inmates between units.
 - Have inmate housing units move together in restricted moves; avoid contact with other units.
 - Limit staff movement and assignments to single facilities and units, whenever possible
 - Stop or limit movement in/out of institution, as able.
 - Suspend work-release programs based on community and facility situation.
- Enforce increased space between individuals in holding cells, as well as in lines (consider marking the floors at six-foot intervals to help inmates visualize and maintain social distancing), in waiting areas such as intake (e.g., remove or tape-off every other chair in a waiting area), in dining halls (when main line resumes), in programming areas such as education, and during inmate movement / transfers.
- Entrance screening and key line:
 - Maintain social distance among all individuals in the area.
 - Consider marking the floors at six-foot intervals to help employees visualize and maintain social distancing.
- Gatherings of staff (meetings, recalls, lunch and learns, etc.)
 - Cancel such meetings when social distancing cannot be maintained by attendees.
 - WebEx Executive Conferencing Line: Each institution is being provided with lines to utilize for meeting where social distancing cannot be maintained.

GUIDANCE ON CONGREGATE ACTIVITIES

Institutions at Level 3 Operations, will modify their congregate activities (include all staff conferences and training and all applicable inmate programming).

- Virtual methods of congregation are preferred
- All individuals participating in congregate activities *should not* be in quarantine or isolation status due to COVID-19.
- All individuals participating in congregate activities *should not* be exhibiting any symptoms associated with COVID-19.
- The more people an individual interacts with and the longer that interaction lasts, the higher the potential risk of becoming infected with COVID-19. Guidance from the CDC on considerations for events and gathers can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/community/large-events/considerations-for-events-gatherings.html>

The following requirements need to be adopted when planning congregate activities:

- **ADMINISTRATIVE CONTROLS**
 - Encourage the use of outdoor seating areas and social distancing for any small-group activities
 - Perform enhanced cleaning of frequently touched surfaces between every gather.
 - Stagger start and break times
 - Remind participants to avoid any physical contact to include handshaking, hugs, and fist bumps.
- **ENGINEERING CONTROLS**
 - Provide a meeting space that allows ≥60 sq. ft. per person (e.g. Divide the sq. ft. space by 60 which will provide the maximum occupancy allowed in that space)
 - Methods for calculating social distancing occupant loads can be found here:
https://www.usfa.fema.gov/coronavirus/planning_response/occupancy_social_distancing.html
 - Modify the seating layout to allow 6 feet of separation between participants
 - Install shields/barriers between people where 6 feet is not able to be achieved while in compliance with fire and safety codes
 - CDC COVID-19 Employer Information for Office Buildings can be found here:
<https://www.cdc.gov/coronavirus/2019-ncov/community/office-buildings.html>
 - Mark off or remove extra seats
 - Remove high-touch communal items (e.g. pens, coffee pots, etc)
 - Encourage people to bring their own pens, water bottles or other personal items to avoid cross contamination (e.g. there should be no communal writing utensils provided for sign-in to decrease contamination)
 - Increase fresh air flow through the area by:
 - Increase the percentage of outdoor air circulated by the HVAC system
 - Open windows when possible
 - Use HEPA filters where possible

- **PROTECTIVE EQUIPMENT**

- Refer to **MODULE 2** for PPE guidance including facility-wide use of double layer, non-vented, cloth covering, surgical or N95 mask as indicated.

C. ENVIRONMENTAL CLEANING AND DISINFECTION

TERMS

- **CLEANING** refers to the removal of dirt and impurities, including bacteria and viruses from surfaces. Cleaning alone does not kill germs, but helps to remove them and reduce the risk of spreading infection.
 - ➔ *Cleaning a surface, before disinfecting it, allows the disinfectant to “reach” the surface more effectively.*
- **DISINFECTING** works by using chemicals to kill bacteria and viruses on surfaces, including those that remain on a surface after cleaning, to reduce the risk of spreading infection.

PLANNING AND PREPARATION

- Develop a local daily cleaning schedule utilizing your housekeeping plan to clean and disinfect, when indicated, all areas of the institution.
 - ➔ *Refer to the **APPENDICES** for a Recommended Cleaning Schedule.*
- Identify inmates who are already trained to clean and disinfect all areas of the institution daily.
 - Consider cross-training multiple work crews that are housed separately for performing environmental cleaning.
 - Training should include basic cleaning and disinfection methods, cross-contamination prevention, cleaning product safety, PPE use, and hand washing.
 - Assign the same inmate(s) to the same locations to clean and disinfect daily.
 - Consider cross-training additional workers housed in separate areas to provide backup in the event one group becomes ill.
- Ensure adequate supplies to support intensified cleaning and disinfection, including PPE as indicated.
 - ➔ *See **MODULE 2** for information on PPE.*
- Initiate a plan to restock rapidly when needed.

HIGH-TOUCH SURFACES AND HIGH-TRAFFIC AREAS

- Institute a continuous cleaning/disinfection schedule for all high traffic/touch areas.
- Routine cleaning of “**HIGH-TOUCH**” (frequently touched) surfaces should be **increased to no less than several times per day during Level 3 Operations, and may be relaxed to no less than daily during Level 1 Operations.**
- High-touch surfaces include items such as light switches, doorknobs, door handles, desk tops, drawer handles, keys, shared pens, handrails, telephones, computer keyboards and mice, elevator buttons, cell bars, bathroom faucets, etc.

ROUTINE CLEANING AND DISINFECTION

➔ **Neither the CDC nor the EPA support the use of thermal or electrostatic foggers for disinfection procedures.**

- If surfaces are dirty, they should be manually cleaned prior to disinfection.
- Once the cleaning process is complete, inmates equipped with PPE should spray disinfectant on all hard surface areas with chemical backpack sprayers, if available.
 - If backpack sprayers are not available, have additional inmates with hand-held spray bottles complete this task.
 - Remember to adhere to the wetting time indicated by the disinfectant manufacturer.
 - This process should be completed as scheduled and more often if needed.
- **Clean and disinfect according to label instructions**, including pre-cleaning steps, product dilution, contact time, and potable water rinse directions.
 - Follow manufacturer's directions including pre-cleaning steps, product dilution, contact time, and rinse directions. The contact time is the amount of time the surface needs to be treated for the product to work. Many product labels recommend keeping the surface wet for a specific amount of time.
 - Follow label instructions for safe and effective use of the product, including precautions that should be taken when applying the product, such as required **PPE** and making sure there is good ventilation during use, and around people.
 - Refer to the manufacturer's documentation for product hazards, as well as shelf life for the concentrated and diluted solutions.
 - ➔ *For example, in the case of Virex II/256, the concentrated form has a three-year shelf life, but once diluted it has only a one-year shelf life.*
- The CDC recommends using an EPA-registered, hospital-grade disinfectant from **LIST N** for disinfecting surfaces.
 - **LIST N**, the list of EPA-approved products for **COVID-19 disinfection**, is available at: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>
 - Institutions should check with health services to find out if the product currently in use is included on **LIST N**. If the health services product is on **LIST N**, leadership can decide to expand its use for the facility or choose another product from the list.
- Instructions for the use of a bleach solution, Virex II, HDQC2, and HALT are available in the **APPENDICES**.

HARD SURFACES

- If surfaces are dirty, they should be cleaned using soap and water prior to disinfection.
- For disinfection after cleaning, use products approved by EPA for COVID-19 (**LIST N**, see [Useful Links](#) below).
- If an EPA N-list disinfectant is unavailable, diluted household bleach solutions or alcohol solutions with at least 70% alcohol should be effective.
 - Diluted, unexpired household bleach can be used under direct supervision if appropriate for the surface.
 - Gloves and eye protection should be worn when using bleach products.
 - ➔ *Never mix household bleach with ammonia or any other cleanser.*

- Prepare bleach solution by mixing:
 - 5 tablespoons (1/3 cup) bleach per gallon of water **OR**
 - 4 teaspoons of bleach per quart of water.

SOFT (POROUS) SURFACES (CARPETED FLOORS, RUGS, DRAPES)

- Remove visible contamination, and clean with appropriate cleaners for these surfaces.
- If washable, launder in hottest water setting for the item and dry completely. Otherwise, use products approved by EPA for COVID-19 disinfection (**LIST N**, see [Useful Links](#) below).

ELECTRONICS

- For electronics such as tablets, touch screens, keyboards, and remote controls: Remove visible contamination if present.
- Follow the manufacturer's instructions for all cleaning and disinfection products.
- Consider use of wipeable covers for electronics.

USEFUL LINKS FOR ADDITIONAL DISINFECTION GUIDANCE

- EPA listing (**LIST N**) of approved disinfectants used to eradicate COVID-19:
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- EPA frequently asked questions regarding disinfectants and COVID-19:
<https://www.epa.gov/coronavirus/frequent-questions-about-disinfectants-and-coronavirus-covid-19>
- CDC recommendations for cleaning and disinfection:
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
- CDC IP&C recommendations for healthcare workers during the COVID-19 pandemic:
<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

D. FACE COVERINGS

- All staff and inmates, are to continue wearing a well-fitting mask to protect themselves and others from the spread of COVID-19. All staff and inmates are expected to be able to wear their chosen face covering throughout the day and tolerate wearing it in public indoor settings.
- **Cloth face coverings are worn to protect others, but are not considered to offer protection for the wearer and are not considered to be PPE.** "My mask protects you. Your mask protects me." Cloth face coverings are worn as a measure to prevent spread of respiratory droplets and mitigate against transmission.
 - Individuals should avoid cloth masks that are single layer or *any* masks with vents.
- In areas where N-95s are considered PPE (*i.e.* quarantine and isolation setting), all individuals are required to be enrolled in a respiratory protection program and follow OSHA regulations regarding its wear. In all other locations, surgical, KN-95, or KF-94 masks may be dispensed and worn. They must properly cover the nose and mouth, and be in accordance with CDC guidance
 - ➔ Refer to **MODULE 2** for guidance on when the use of N-95 respirators may be required.
- It is important to reinforce correct wearing of face coverings by both staff and inmates.
 - Wash hands before putting on a face covering
 - Always use the same side for contact with nose and mouth

- Avoid touching the side of the covering that touches the face, handle face coverings only by the ear loops or ties.
- Place completely over nose and mouth and secure it under the chin while fitting it snugly against the side of the face
- Do not pull the face covering down to talk
- When removing the face covering:
 - Fold outside corners together to prevent contamination of the surface
 - Be careful not to touch eyes, nose and mouth when removing and wash hands immediately after removing.
- Individuals may remove a face covering when working in a private office, cubicle, or workspace.
- A staff member may have an inmate remove their face covering to perform safety and security checks. Once the check is complete, the inmate should place the covering back on their face.
 - To reduce the risk to staff, inmates should remove the face covering themselves.
 - If an inmate cannot remove a face covering, staff should put on gloves prior to removing the inmate's face covering. The staff should stand to the side or behind the inmate so they are not in direct line with the inmate's nose and mouth. The face covering should be removed so that the inside of the covering stays on the inside.
 - If staff assist with placing the face covering back on the inmate, staff should place the face covering back on the inmate in the same orientation it was worn before taken off (inside of the covering stays on the inside).

GUIDANCE ON CLOTH FACE COVERINGS

- Two-layer cloth face coverings are recommended.
 - ➔ *Single-layer face coverings (including balaclava or neck gaiters) are **NOT** recommended.*
- Face coverings with exhalation valves or vents are **NOT** recommended. While the vents make it easier to exhale, they allow the escape of respiratory droplets into the environment and potentially to another person.

LAUNDERING CLOTH FACE COVERINGS

- All cloth face coverings should be laundered before first use.
- Cloth face coverings may be washed with other clothing.
- It is recommended that staff wash their cloth face coverings at home after each shift.
 - Launder items using the warmest water setting and dry completely.
 - Clean and disinfect clothes hampers, or use a liner that can be washed or thrown away.
- Inmates should send cloth face coverings through the institution wash cycles with other clothing.
 - ➔ *According to the BOP Facilities Operations Manual (P4200.12), the wash cycle temperature is to be a minimum of 160 degrees Fahrenheit.*
 - ➔ *Guidance for staff and inmates on how to wear a cloth face covering may be found in the **APPENDICES**.*

E. SUPPLY MANAGEMENT

A sufficient stock of hygiene supplies, cleaning supplies, PPE, and medical supplies (consistent with the healthcare capabilities of the facility) should be on hand and available, and a plan should be in place to restock as needed if COVID-19 transmission occurs within the facility.

It is recommended that facilities maintain a 90-DAY SUPPLY of the following items:

- Standard medical supplies for daily clinic needs
- Tissues
- Liquid or foam soap for hand washing, when possible, to avoid cross-contamination. If bar soap is distributed, each person should be given (cost-free) their own bar of soap, and bars should not be shared.
- Hand drying supplies
- Alcohol-based hand sanitizer containing at least 60% alcohol
- Cleaning supplies, including EPA-registered disinfectants from the EPA list N.
- Recommended PPE (surgical masks, N95 respirators, eye protection, disposable medical gloves, and disposable gowns/one-piece coveralls).
 - ➔ See **MODULE 2** for more detailed information on supply chain management, including recommendations for extending the life (optimization) of all PPE categories in the event of shortages, and when surgical masks are acceptable alternatives to N95s.
- Sterile viral transport media and sterile swabs to collect specimens if COVID-19 testing is indicated. Institutions should work with locally established commercial laboratory contacts to ensure adequate supply chains for collection items. If adequate supply of collection items cannot be secured locally, notification should be provided to the Central Office HSD.
 - ➔ See **Module 7** for information regarding obtaining supplies for the collection of specimens if influenza testing is completed using the Abbott ID Now point-of-care machines.

To ensure that appropriate 90-day supplies are on hand at all times throughout the deployment of this pandemic plan, the institution should ensure that the following PROCESS is in place:

1. **STAFFING:** A primary staff member or group of staff members should have delegated responsibility for all institution supplies, including PPE, cleaning and disinfection items, and other items listed above. Consider assigning several staff members to support the supplies mission.
2. **TRACKING:** One staff member should be assigned to enter the applicable data into the **SUPPLIES DASHBOARD**, to ensure accurate tracking of supplies and monitoring their use. This person should be either the primary staff member mentioned above, or one of the members of the supplies group.
3. **FORECASTING:** Submitting supply chain inventory according to Central Office direction is important to determine “**BURN RATES**” and to forecast usage needs across all institutions. Institutions may choose to calculate their own “burn rates” to assist with accurate forecasting of all required supplies.
4. **PROCUREMENT:** Institutions should track and keep historical information related to local attempts to procure all supplies. This information is helpful when pursuing national-level vendors, as those with supply sites close to institutions may expedite the delivery of required supplies.
 - ➔ The Incident Command System (ICS) Logistics Branch actively seeks to find necessary PPE through government, commercial, and other sources to maintain PPE for staff during the pandemic. Institutions should continue local efforts to procure all levels of PPE that meet applicable standards, working with local vendors to establish supply chains. If an institution is unable to secure necessary supplies, they should contact their regional EOC for guidance. Refer to **MODULE 2** Personal Protective Equipment for additional information on PPE supply chain management.

F. TEMPORARY ENCLOSURES

The construction of **INDIVIDUAL ISOLATION AREAS** as a supplement or replacement for social distancing, face coverings, and standard precautions is **NOT RECOMMENDED**. Temporary enclosures do not serve a medical or infectious disease purpose.

Temporary enclosures can pose fire and safety concerns. The **LIFE SAFETY CODE (NFPA 101)** allows privacy curtains and plastic sheeting to be used in detention and correctional facilities with a number of restrictions.

- Temporary enclosures must comply with the requirements for new detention and correctional occupancies (NFPA 101, chapter 22).
- Material used in privacy curtains must be tested in accordance with NFPA 701 (Standard Method of Fire Tests for Flame Propagation of Textiles and Films, 2015 edition).
- Special emphasis must be placed on means of egress components (number, width, distance and arrangement) (NFPA 101, chapter 22 section 2.2, Means of Egress Requirements).
- Construction of temporary enclosures necessitates a review and possible modification of the facility fire plan.

Temporary enclosures may also impact compliance with other codes and standards.

- Without proper clearance, operation of the sprinkler and fire alarm systems may be impaired.
- Temporary structures may also affect the operation of the building heating, ventilation, and air conditioning system.

Before an institution determines some type of physical barriers are medically necessary, Regional Infection Prevention and Control Officers, as well as the Regional Safety Administrator, Regional Medical Director and Regional Health Services Administrator, should be consulted.

- If the decision is made to install **TEMPORARY BARRIERS**, the use of partial height dividers constructed of a non-combustible material such as gypsum board is recommended.
 - If a decision is made to use **PRIVACY CURTAINS OR PLASTIC SHEETING**, review the fire test documentation and verify that the installation will not interfere with area egress or the operation of any building fire protection systems.
- ➔ *Documentation of the fire tests, egress, and fire system reviews should be maintained by the institution.*